MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10106

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: V-45-3
STATE W. VA. COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AURORA
STREET ADDRESS (If rural give location) BOX 8,

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) CATHERINE (Last) BAKER
4. DATE OF DEATH: (Month) OCTOBER (Day) 29, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	8-13-1882	71 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (never if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	W. VA. 45	U.S.A.

13. FATHER'S NAME: SWICK, Lloyd
14. MOTHER'S MAIDEN NAME: Liza Halterman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	-----	William Baker Aurora, W. Va.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4331 Immediate cause	(a) Ventricular Fibrillation & Failure	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Auricular Fibrillation, Coronary disease	Several years
	(c) DUE TO General Carcinomatosis.	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1953 to Oct 29, 1953, that I last saw the deceased alive on Oct 29, 1953, and that death occurred at 9:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Chas E. Smith M.D.	Terra Alta W.Va.	10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/1/1953	Pine Run Cemetery	Preston Co., W. Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/1/53	Julia A Rowan L Herbert C. Leighton		Oakland, Md.

RECEIVED
NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10107

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville X

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville Md X

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Marrian (Middle) B. (Last) Durst

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-24-1905

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Rural Grantsville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William House

14. MOTHER'S MAIDEN NAME: Susan Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Lloyd Durst. Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

17 X

Immediate cause (a) Carcinoma of uterine cervix with

DUE TO multiple abdominal metastases — Interval Between Onset and Death: 2½ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: August 13, 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cervix, stage two

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1951, to September 1953, that I last saw the deceased alive on Sept. 24 1953, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE Grant Atwell MD (DEGREE OR TITLE) ADDRESS Meyersdale, Pennsylvania DATE SIGNED 10/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10-4-1953

NAME OF CEMETERY OR CREMATORY Durst Cemetary

LOCATION (City, town, or county) (State) Rural Grantsville Md

DATE REC'D BY LOCAL REG. 10/2/53

REGISTRAR'S SIGNATURE Esther Broadwater

24. FUNERAL DIRECTOR Wm Winterberg

ADDRESS Grantsville Md

RECEIVED
OCT 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10539

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park, LENGTH OF STAY (in this place) 53 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Lynn	STREET ADDRESS (If rural give location) Loch Lynn

3. NAME OF DECEASED: (Type or Print) (First) Garnie (Middle) Bittinger (Last) Gower

4. DATE OF DEATH: (Month) October (Day) 18, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	4/9/1900	53 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos Bittinger	Elizabeth Brenneman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Dwight Gower Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465x

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: 1 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1946, to 10/18, 1953, that I last saw the deceased alive on Oct 18, 19 53, and that death occurred at 5:40 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. F. Bergartner M.D. — ADDRESS Oakland Md — DATE SIGNED 10/20/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/21/1953	Pleasant Valley Cem.	Near Mt. Lake Park, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/20/53	Julie A Rowan L R	Herbert C. Leighton	Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10108

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 8-51

1. PLACE OF DEATH:
COUNTY: Garett — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Jennings — LENGTH OF STAY (in this place): 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jennings
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) -- (Last) Hoover

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 22-1875

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Grantsville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Conrod Meyers

14. MOTHER'S MAIDEN NAME: Margaret Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Harrey Hoover. Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause — (a) DUE TO: Myocardial infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO: Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Oct, 1953, that I last saw the deceased alive on Oct 6, 1953, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John T. Mitchell, Jr. M.D. Salisbury, Pa. 10-16-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-18-53 — NAME OF CEMETERY OR CREMATORY: Grantsville — LOCATION (City, town, or county) (State): Grantsville Md

DATE REC'D BY LOCAL REG.: Oct/17/53 — REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR — ADDRESS: Wm Whitebay Grantsville Md

RECEIVED
OCT 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10109

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, X
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED: V-35.3
STATE Penna. COUNTY Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairchance
STREET ADDRESS (If rural give location) 33 East Church St. V

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Jordan

4. DATE OF DEATH: (Month) October (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3/24/1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Stone Mason

10b. KIND OF BUSINESS OR INDUSTRY: for Coal Mine

11. BIRTHPLACE (State or foreign country): Pennsylvania 35

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamine Jordan

14. MOTHER'S MAIDEN NAME: Margaret Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 211-03-3096

17. INFORMANT & ADDRESS: James W. Goldsboro Fairchance, Pa.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4.2.2.1 Immediate cause	(a) Cerebro-Vascular Accident	4 hrs?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Art. C. V. D.	years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Old Hemiplegia - Rt side	2yrs ?

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Aug, 1951, to 24 Oct, 1953, that I last saw the deceased alive on 24 Oct, 1953, and that death occurred at 10:05 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas O Rusby M. D. Oakland Md 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 10/30/1953 — NAME OF CEMETERY OR CREMATORY Mt. View — LOCATION (City, town, or county) (State) Brownfield, Fayette Co., Pa.

DATE REC'D BY LOCAL REGISTRAR 10/29/53 — REGISTRAR'S SIGNATURE Julia A Rowan — 24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

Burial by Goldsboro Funeral Home, Fairchance, Pa

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NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10538

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN OAKLAND
LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS EVANS NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JENNINGS
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) C. (Last) KESNER

4. DATE OF DEATH: (Month) (Day) (Year) OCT. 21, 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: SEPT. 17, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KESNER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MELVIN E. KESNER, ACCIDENT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4221 Immediate cause	(a) Cardiac insufficiency	7-10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic Cardio-vascular disease	years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 May 1953, to Oct 21 1953, that I last saw the deceased alive on Oct 19, 1953, and that death occurred at 7:30 P. m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Thomas A. Lusby M.D. Oakland, Md. 22 Oct 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF Oct. 24 1953
NAME OF CEMETERY OR CREMATORY GRANTSVILLE CEMETERY
LOCATION (City, town, or county) GRANTSVILLE (State) MD.

DATE REC'D BY LOCAL REG. 10/23/53
REGISTRAR'S SIGNATURE Julia A. Roman D.R.

24. FUNERAL DIRECTOR ADDRESS
Wm Winebrenner Grantsville Md

VS-1 8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

1. PLACE OF DEATH:

COUNTY Garrett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident, Md.

LENGTH OF STAY (In this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident, Md.

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) CLARENCE FREDRICK (Middle) (Last) KOLB

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 2, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Accident, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kolb

14. MOTHER'S MAIDEN NAME: Mary Catherine Georg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: nonw

17. INFORMANT & ADDRESS: Mrs Cora M. Kolb, Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Bronchopneumonia — 3 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Parkinsonism — 8 years

DUE TO

(c) Arteriosclerosis — 10-12 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1950 to Oct. 21, 1953, that I last saw the deceased alive on Oct. 19, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE E. E. Manns (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED 22 Oct 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10/24/53

NAME OF CEMETERY OR CREMATORY Accident, Cem.

LOCATION (City, town, or county) (State) Accident, Garrett Co. Md.

DATE REC'D BY LOCAL REG. Oct 26 53

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Allen Whitelegg ADDRESS Grantsville, Md.

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1116

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland X
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old State Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland X
STREET ADDRESS (If rural give location) Old State Road

3. NAME OF DECEASED: (Type or Print) (First) Epilona (Middle) Chambers (Last) Kope
4. DATE OF DEATH: (Month) October (Day) 1, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 3/17/1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Virginia 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Chambers
14. MOTHER'S MAIDEN NAME: Epilona Goff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ------
17. INFORMANT & ADDRESS: Mrs. John Kope Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Arteriosclerotic cardiovascular disease — years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) (Senility & extreme debility) years

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 June, 1948, to Sept 30, 1953, that I last saw the deceased alive on 9/30, 1953, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J Lusby M.D. ADDRESS Oakland, Md. DATE SIGNED 10/1/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 10/4/1953
NAME OF CEMETERY OR CREMATORY Paradise Church Cemetery
LOCATION (City, town, or county) (State) Garrett Co., Md.
DATE REC'D BY LOCAL REGISTRAR 10/4/53
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

RECEIVED
BUREAU V. S.

Film#G160 Item# 12 12/10/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10540

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) MACKIN

4. DATE OF DEATH (Month) OCTOBER (Day) 31 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: SEPTEMBER 9, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MACKIN, JOHN
14. MOTHER'S MAIDEN NAME: TREACY, MARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: JOHN FOLEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic cardiovascular disease — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Urinary Retention — 6 days?

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 10/31, 1953, that I last saw the deceased alive on 10/31, 1953, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Thomas O. Lusby M.D. ADDRESS Oakland, Md. DATE SIGNED 11/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Nov 3-1953 NAME OF CEMETERY OR CREMATORY Oakland Catholic LOCATION (City, town, or county) Oakland (State) Md

DATE REC'D BY LOCAL REG. 11/3/1953 REGISTRAR'S SIGNATURE Julia A. Rowan LR 24. FUNERAL DIRECTOR Emroy Boldin ADDRESS Oakland Md

VS. 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) S. (Last) Moorehead

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 4 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: W.VA.P.& P Co.
11. BIRTHPLACE (State or foreign country): W.Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Moorehead
14. MOTHER'S MAIDEN NAME: Mary Shanholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-12-8349
17. INFORMANT & ADDRESS: Dewey Moorehead, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) ~~Carcinoma (hemolymphic) of lung~~ Jaw J
DUE TO (a) Arteriosclerotic heart disease
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: ~~4 mo~~ Jaw J 3 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Aug 15 1953~~ Jan 1952, to ~~Sep~~ Oct 17, 1953, that I last saw the deceased alive on ~~Sep~~ Oct 17, 1953, and that death occurred at Jaw J m., from the causes and on the date stated above.

SIGNATURE James E. Wolverton Jr. (DEGREE OR TITLE) MD ADDRESS Piedmont W. Va DATE SIGNED 10-18-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10/19.53
NAME OF CEMETERY OR CREMATORY Bloomington Cemetery
LOCATION (City, town, or county) (State) Bloomington, Garrett Md.
DATE REC'D BY LOCAL REC. 10-21-53
REGISTRAR'S SIGNATURE Dorsey Pattison
24. FUNERAL DIRECTOR W Harold Fredlock ADDRESS Piedmont, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10113

CERTIFICATE OF DEATH

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park X
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gorman X
STREET ADDRESS (If rural give location) 6 Mi West Gorman

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Biggs (Last) Prather

4. DATE OF DEATH (Month) October (Day) 9, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 3/20/1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Biggs

14. MOTHER'S MAIDEN NAME: Mary Lou Moreland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT & ADDRESS: Howard R. Biggs Gormania, W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Arteriosclerotic Cardio Vascular Disease — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bronchial Asthma x Senility — years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Nov, 1951, to Oct 9, 1953, that I last saw the deceased alive on 9/15, 1953 and that death occurred at 5:15 P.M. from the causes and on the date stated above.

SIGNATURE Thomas J Lusby M D (Degree or title) — ADDRESS Oakland, Md. — DATE SIGNED 10 Oct 53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 10/12/1953 — NAME OF CEMETERY OR CREMATORY Fairview Cemetery — LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR 10/12/53 — REGISTRAR'S SIGNATURE Julia C Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

VS. A1

REC'D
NOV
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10541

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Home for Aged

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McCoole
STREET ADDRESS (If rural, give location) Westernport Road

3. NAME OF DECEASED (Type or Print) (First) George (Middle) McClellan (Last) Robison
4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Oct. 25, 1863
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & State Road
10b. KIND OF BUSINESS OR INDUSTRY Worker
11. BIRTHPLACE (State or foreign country) Allegany Co., Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Levi Robison
14. MOTHER'S MAIDEN NAME Amanda Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 112 N. Mineral St Frank R. Robison, Keyser, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221 Immediate cause (a) arteriosclerotic cardiovascular disease — years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 May 1952, to 20 Oct. 1953, that I last saw the deceased alive on 20 Oct. 1953, and that death occurred at 1-10 a.m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby MD (Degree or title) ADDRESS Oakland, Md DATE SIGNED 10/22/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/24/53
NAME OF CEMETERY OR CREMATORY Queens Point Cem.
LOCATION (City, town, or county) (State) Keyser, W. Va.

DATE REC'D BY LOCAL REG. 10/23/53
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR J. H. Markwood Sons, Keyser, W. Va. ADDRESS
per B. H. Markwood F.D.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10114

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland X

LENGTH OF STAY (in this place) 15 MIN.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: V-45.3

STATE West Virginia COUNTY Preston

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Terra Alta

STREET ADDRESS (If rural, give location) Shaffer Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Doris (Middle) Marie (Last) Whetsell

4. DATE OF DEATH: (Month) October (Day) 2, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 16 1937

9. AGE last birthday: 15 yrs. IF UNDER 1 YEAR Months 11 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Mannington, West Virginia 15

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Foster Thomas Whetsell

14. MOTHER'S MAIDEN NAME: Elizabeth Thorne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: F. T. Whetsell, Terra Alta, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 825X

Immediate cause (a) Laceration of liver — INTERVAL BETWEEN ONSET AND DEATH 45 mins

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ✓ **SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Terra Alta (COUNTY) Preston (STATE) W. Va.

TIME OF INJURY (Month) Oct. (Day) 2 (Year) '53 (Hour) 6 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐ 1

HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from Oct 2, 1953, to Oct. 2, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (DEGREE OR TITLE) M. D. ADDRESS Oakland, Maryland DATE SIGNED Oct. 5, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial

DATE THEREOF Oct 5 1953

NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery

LOCATION (City, town, or county) (State) Terra Alta, W.Va.

DATE REC'D BY LOCAL REG. 10/5/53

REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR [signature] ADDRESS Terra Alta, W. Va.

VS. 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10115

CERTIFICATE OF DEATH

Reg. Dist. No. 17 2

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Kitzmiller X; LENGTH OF STAY (in this place) 16yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Short Run Community X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Kitzmiller X; STREET ADDRESS (If rural, give location) Short Run Community

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) VIRGINIA (Last) WILSON

4. DATE OF DEATH: (Month) OCTOBER (Day) 28, (Year) 19 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 4,1892

9. AGE last birthday: 61 yrs. If under 1 year: Months 6 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during greater part of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Good Hope, Harrison Co. W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM EDWARD HACKER

14. MOTHER'S MAIDEN NAME: VIRGINIA ELLEN CHEUVRONT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: Mrs. R. Glenn Floyd, Weston, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X Immediate cause (a) Acute Myocardial Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis with

(c) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 1952

19b. MAJOR FINDINGS OF OPERATION: Coronary Sclerosis with Arteriosclerosis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to Oct. 28, 1953, that I last saw the deceased alive on Oct 18, 1953, and that death occurred at 9 : 50 P.m., from the causes and on the date stated above.

SIGNATURE Ralph Caloudella (Degree or title) M.D ADDRESS Kitzmiller, Md DATE SIGNED Oct 29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10/31/53; NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery; LOCATION (City, town, or county) (State): Elk Garden, W.Va.

DATE REC'D BY LOCAL REG. 10/30/53; REGISTRAR'S SIGNATURE A.W. Barrick

24. FUNERAL DIRECTOR: O tha F. Sharpless; ADDRESS: Blaine, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV 3 1953
BUREAU V. S.